

**State of Minnesota**

County

**District Court**

Judicial District: \_\_\_\_\_

Court File Number: \_\_\_\_\_

Case Type: \_\_\_\_\_

In Re the ☐ Marriage of:

\_\_\_\_\_

Plaintiff / Petitioner

vs / and

☐**Motion For Review**☐**Combined Motion**

Defendant / Respondent

Intervenor

**TO: Other Party:**

First

Middle

Last

Street Address

Apt. No.

City

State

Zip

**County Attorney's Office:**

Name of County Attorney

Street Address

City

State

Zip

I, \_\_\_\_\_ request that the Order dated  
(Name of person making request)\_\_\_\_\_ be reviewed and that an amended order be issued.  
(Date court order signed)**Requests**

1. I request that the Order be reviewed by (check one):

☐ The Child Support Magistrate who issued the Order☐ A District Court Judge2. The parts of the Order that I want reviewed and the reasons I am requesting the review are as follows (*if this is a Combined Motion, please state all typographical, clerical, and*

*mathematical mistakes, all errors of law and other reasons why you feel the Order is incorrect):*

A. Page \_\_\_\_\_ Paragraph \_\_\_\_\_ Reason it should be changed or reviewed:

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B. Page \_\_\_\_\_ Paragraph \_\_\_\_\_ Reason it should be changed or reviewed:

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C. Page \_\_\_\_\_ Paragraph \_\_\_\_\_ Reason it should be changed or reviewed:

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D. Page \_\_\_\_\_ Paragraph \_\_\_\_\_ Reason it should be changed or reviewed:

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E. Page \_\_\_\_\_ Paragraph \_\_\_\_\_ Reason it should be changed or reviewed:

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*Attach additional sheets if necessary.*

- ☐ 3. I request that the Child Support Magistrate or Judge issue an amended order. In addition, I would like the order to say:

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*(Check each of the following only if they apply to you)*

- ☐ 4. I would like permission to submit new information that I was unable to obtain at the time of the prior hearing. The information I would like permission to submit and the reason it was not previously submitted is:

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- ☐ 5. I request that the Child Support Magistrate or Judge schedule a new hearing because:

\_\_\_\_\_  
\_\_\_\_\_

- ☐ 6. I have ordered a transcript of the prior hearing. I ordered the transcript from the Court Administrator on \_\_\_\_\_.

### Notice To The Other Party

You have the right to object to this motion. If you wish to object, **within thirty (30) days** from service of the original Notice of Filing of your order, you must serve upon the other party and the county attorney's office, and file with the Court Administrator, a response to this motion. A form entitled "Response to Motion for Review / Counter Motion" is available from the Court Administrator. The time frame for responding to a Motion for Review is explained on the Notice of Filing attached to the order being reviewed.

### Acknowledgements by Party Making Motion:

- a. I am not serving or filing this document for any improper purpose, such as to harass or to cause unnecessary delay or needless increase in the cost of litigation.
- b. The claims, defenses, and other legal contentions therein are warranted by existing law or by a nonfrivolous argument for the extension, modification, or reversal of existing law or the establishment of new law.
- c. The allegations and other factual contentions have evidentiary support or, if specifically so identified, are likely to have evidentiary support after a reasonable opportunity for further investigation or discovery.
- d. The denials of factual contentions are warranted on the evidence or, if specifically so identified, are reasonably based on a lack of information or belief.
- e. The court may impose an appropriate sanction upon the attorneys, law firms, or parties that violate the above stated representations to the court, or are responsible for the violation.
- f. I understand that the existing order remains in full force and effect and I must continue to comply with that order until a new order is issued.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature ( Sign only in presence of Notary or Court Deputy)

Print Name: \_\_\_\_\_

Sworn / affirmed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Notary Public / Deputy Court Administrator Name of Attorney